									Ap	oplication o	n or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 1997								RD		09/	0	777	18	
	CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	ENTITY	OR _	OTHER SMALL		
FOR		IUMBEI	R FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE		
BASIC FEE										395.00	OR		7 00.00	
TOTAL CLAIMS			minus 20 =						\$11=		OR	x\$22=		
INDE	PENDENT CLA	IMS			s 3 =	·//		,	(41=		OR	x82=	_	
MULTIPLE DEPENDENT CLAIM PRESENT								+	135=		OR	+270=	27	
* If the difference in column 1 is less than zero, enter "0" in column 2							-	TOTAL		OR	TOTAL	1340		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL ENTITY			OR	OTHER THAN OR SMALL ENTITY			
ENT A		CLAIN REMAIN AFTE AMENDI	VING ER		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DMI	Total	• //		Minus	**	•	=	×	\$11=		OR	x\$22=		
AMENDMENT	Independent	. 2	_	Minus	***		=	;	x41=		OR	x82=		
A	FIRST PRES	SENTATIO	ON OF	MULTIPLE	DEPE	NDENT CL	AIM	+	135=		OR	+270=		
	(Column 1) (Column 2) (Column 3)							TOTAL ADDIT. FEE			OR	TOTAL ADDIT. FEE		
INT B		(Colum CLAI REMAII AFTI AMEND	MS NING ER		HI N PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DME	Total	*		Minus	**		=	,	x\$11=		OR	x\$22=		
AMENDME	Independent	*		Minus	***		=		x41=		OR	x82=		
4	FIRST PRESENTATION OF MULTIPLE				DEPE	DEPENDENT CLAIM			+135=		OR	+270=		
	(Column 1) (Column 2) (Column 3)							AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
ENTC		CLAI REMAI AFT AMEND	NING ER		N PR	IGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
DM	Total	*		Minus	**		=		x\$11=		OR	x\$22=		
AMENDMENT	Independent	*		Minus	***		=		x41=		OR	x82=		
4	FIRST PRESENTATION OF MULTIPLE				DEPENDENT CLAIM] [+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.														
The "Highest Number Previously Paid For" (Total or Independent) is the nighest number round in the appropriate 50x in Column 1. FORM PTO-875 (Rev. 8:97) **U.S. Government Printing Office 1997 - 430-571-69194 Patent and Trademark Office U.S. DEPARTMENT OF COMMER										OF COMMER				

PATENT APPLICATION FEE DETERMINATION RECOI								Application or Docket Number					
					1/14	(_ /	// U / .	<u> </u>					
		CLAIMS AS	Column)		_	mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS									FEE	1	RATE	FEE	
FC	PR		NUMBER	FILED	NUMB	ER EXTRA	BASIC FEE 370.00		OR	BASIC FEE	740.00		
TC	TAL CHARGEA	BLE CLAIMS	mir	nus 20=	*		X\$ 9=		OR	X\$18=			
INE	DEPENDENT CL	_AIMS	mi	nus 3 =	*		X42=		OR	X84=			
MU	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT				.140			1 1	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							+140= TOTAL		OR	·			
CLAIMS AS AMENDED - PART II							101/	4L		OR	TOTAL	THAN	
(Column 1) (Column 2) (Column 3)						(Column 3)	SMALL ENTITY			OR	OTHER THAN R SMALL ENTITY		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	· 224	Minus	** 2	.G	= 4	X\$ 9)=		OR	X\$18=		
	Independent	* /	Minus	***	3	=	X42	=		OR	X84=		
	FIRST PRESE	ULTIPLE DEI	PENDENT	CLAIM	CLAIM)==		OR	+280=			
									TOTAL				
	(Column 1) (Column 2) (Column 3)							EE		OR ADDIT. FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X42	=		OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							_			+280=		
							+140	- TAL		OR	TOTAL		
		(O-l		(O a la ca	O\	(Oak 0)	ADDIT. F	EE		OR	ADDIT. FEE		
AMENDMENT C		(Column 1) CLAIMS		(Colur HIGH	EST	(Column 3)		_	ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATI	Ε	TIONAL FEE		RATE	TIONAL	
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=		
	Independent	*	Minus	***		=	X42=	_		OR	X84=		
L	FIRST PRESE	NTATION OF M	JLTIPLE DEI	PENDENT	CLAIM		1140				+280=		
		mn 1 is less than th					+140 TOT			OR	+280= TOTAL		
***	If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For" IN TH	IS SPACE i	s less tha	in 3, enter "3."	ADDIT. F	EE			ADDIT. FEE		
	The "Highest Num	ber Previously Pai	d For" (Total o	r Independ	ent) is the	nighest number f	round in the	app	propriate box	(in col	umn 1.		